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| Application Number | 10/657,643 |
| Filing Date | 09/08/2003 |
| First Named Inventor | Sheila Lynn Schlitter |
| Title | Magnetic Door Stop |
| Art Unit | 3676 |
| Examiner Name | Chuck Y Mah |
| Attorney Docket Number | |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| Stanley A. Schlitter | 28,799 |
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

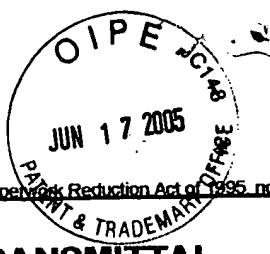
| | | | |
|-------------------|-----------------------|-----------|----------------|
| Signature | Sheila Lynn Schlitter | Date | 6/13/05 |
| Name | Sheila Lynn Schlitter | Telephone | (847) 441-7257 |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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Total Number of Pages in This Submission

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| Filing Date | 09/08/2003 |
| First Named Inventor | Sheila L. Schlitter |
| Art Unit | 3676 |
| Examiner Name | Chuck Y. Mah |
| Attorney Docket Number | |

ENCLOSURES (Check all that apply)

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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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| Firm Name | | | |
| Signature | | | |
| Printed name | Sheila L. Schlitter | | |
| Date | 04/25/2005 | Reg. No. | |

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| Signature | <i>Sheila L. Schlitter</i> | | |
| Typed or printed name | Sheila L. Schlitter | Date | 6/13/05 |

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